

MAY. 1. 2007

3:34PM

LVM 312 616 5700

NO. 6779 P. 2

## PART B - FEE(S) TRANSMITTAL



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03/27/2007

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 (ROCKFORD OFFICE)  
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 180 NORTH STESTON AVENUE  
 CHICAGO, IL 60601-6731

05/02/2007 HDEKES2 00000068 121216 09913859

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Virginia Schofke (Depositor's name)  
 V. Schofke (Signature)  
 5-1-07 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/913,859	03/28/2002	Gregory J. Mombler	SIEBE96517-US	5466

TITLE OF INVENTION: TRANSFORMERLESS POWER SUPPLY, DUAL POSITIVE OR DUAL NEGATIVE SUPPLIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	06/27/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEBERADINIS, ROBERT L	2836	307-082000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Leydig, Voit & Mayer, Ltd.

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Robertshaw Controls Company**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Holland, Michigan**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Charles H. Mottier

Date

5/1/07

Typed or printed name

Charles H. Mottier

Registration No.

30,874

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**FAX TRANSMITTAL SHEET**

DATE: MAY 1, 2007

NUMBER OF PAGES (INCLUDING  
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LVM REFERENCE: 502370

FROM: CHARLES H. MOTTIER

DIRECT LINE: (312) 616-5600

REGISTRATION NO. 30,874

TO: MAIL STOP ISSUE FEE  
UNITED STATES PATENT AND TRADEMARK OFFICE  
COMMISSIONER FOR PATENTS  
ALEXANDRIA, VA 22313

FAX NUMBER: (571)273-2885

IN RE APPLN. OF: MOMBER  
APPLICATION NO. 09/913,859  
FILED: MARCH 28, 2002  
FOR: TRANSFORMERLESS POWER SUPPLY, DUAL POSITIVE OR  
DUAL NEGATIVE SUPPLIES

ATTORNEY DOCKET: 502370

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1. FORM PTOL-85 PART B - FEE(S) TRANSMITTAL (1 PAGE)

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